the stools, an icteric tint of the conjunctiva, and the presence of bile pigment in the urine, are guides to the exhibition of podophyllin, provided there are no signs of obstruction. The benzoin mixture may also be alternated with the mineral acids when their use is indicated."

32. *Intestinal Puncture in Asphyxiating Pneumatosis.*—Under the advice of Dr. Fonssagrives, intestinal puncture, as a last resource, has been several times practised at Toulouse on two patients suffering with tympanitis. In the first case, the abdomen formed an immense mass; the patient was perfectly cyanosed and suffocating. On July 15th, M. Lafargue inserted an exploring trocar into the most distended part of the lower umbilical region. The gas escaped so violently as to extinguish a candle. The danger of asphyxia was thus removed; but the distension reappeared the next day, notwithstanding the use of ice and compression. Two fresh punctures were made in different places, and gave so much relief that the life of the poor patient was prolonged until July 20th, when he succumbed to his disorder without suffering from the other complication. The success and the harmlessness of the operation are still more evidenced in a second case, in which, notwithstanding all the means employed, Dr. Ressequet found the patient half asphyxiated. He made a puncture without any ulterior trouble, and five others were afterwards successively made, until the gases were naturally evacuated, and the patient cured. These cases give solid reasons for the practice of this method, so apparently dangerous, but so really harmless.—*Brit. Med. Journ.*, Nov. 16, 1867, from *L'Union Médicale*, Oct. 23, 1867.

33. *Non-Communicability of Cholera to the Lower Animals.*—In the *Nederlandsch Archief* (III. 1 Aflevering) Drs. H. Snellen and H. G. Miller, detail a number of experiments performed with a view to solve the question: *can cholera be communicated to the lower animals?* They were made, during the epidemic of 1866, so fierce in Utrecht, on pigs, dogs, monkeys, rabbits, poultry, pigeons, frogs, and fishes. "In thirty-seven instances food mixed with feces was administered. The fecal matters were derived from different cholera-patients, quite fresh or in different stages of decomposition. Seven times they administered vomited matters; eight times different parts of the body; once a poultice which had lain on a cholera-patient Moreover they five times used hypodermically the feces, vomited matter or blood of a cholera-patient, twice such matters were injected into the jugular vein, once they were given in the form of enema. On one animal the inspiration experiments were fully tried, on all the others they were tried in some degree, all having been exposed for a longer or shorter period in a damp cellar to the exhalations of the matters employed. Similar experiments were performed at Amsterdam by Drs. Stokvis and Guye, and in Berlin by Drs. P. Guttman and A. Baginsky. A retrospect of all these experiments leads to the conclusion, that to the animals operated on, *cholera is not communicable by infection.*

Are animals then not susceptible of cholera, or is it not by infection, that this disease is transmitted? From the results of their own further investigations, as well as from the experience of the directors of the Zoological Gardens at Rotterdam and Amsterdam, the authors come to the conclusion that animals are not susceptible of cholera. "It is remarkable," they say, "that the statements respecting cholera in animals appear the more positive and convincing, in proportion as they are of older date, and come from more distant parts." They show that "before a coexistent epizootic be admitted to be cholera, sound criticism requires: 1, that there be conformity in the morbid process; 2, that anatomico-pathological conformity be established on post-mortem examination; and 3, that the outbreak of the epidemic also do not want the marks recognized as peculiar; this last, with respect to the time and place of outbreak, as well as to the nature of the contagion.

"At present 'rinderpest' prevails contemporaneously with 'cholera as an epizootic. No one, for this reason, thinks of a connection between cholera and rinderpest. If the facts connected with the subject were less known to us, as is the case with communications of earlier date and from more remote localities, the contemporaneous occurrence of the two might probably be received as a strong proof.

"The rinderpest at present prevailing has only this in common with cholera, that the disease is limited to particular animals. Only ruminants are susceptible of it. Man is not attacked by it. The fact is consequently not so anomalous, that cholera cannot be conveyed from man to other animals."—*Ibid.*

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

34. *Advantage of Completely Arresting the Current through the Sac in the Treatment of Aneurism.*—Dublin surgeons, to whom we owe the establishment of the treatment of aneurism by compression, advocate such a degree of compression as will send the blood gently flowing through the sac; layer after layer of coagula being expected to form. Arrest of current and clotting of the blood in the sac were deprecated; but Dr. E. D. MAPOTHER, in a paper read before the Surgical Section of the British Medical Association, at its last meeting in Dublin, related the two following cases, which he thinks show that these events are desirable.

CASE I. J. D., æt. 25, healthy, was admitted into St. Vincent's Hospital, January 14th, 1865, for right ilio-femoral aneurism, which had begun without injury five months before. Digital and partial instrumental pressure having failed, I tried to stop the common iliac with an elastic compressor, the patient being kept under chloroform for twelve hours. No clot formed. An anthracoid slough formed at the point of pressure.

Five days afterwards, another attempt was made, after the following preparatory steps. The abdomen was made lank by emptying the bowels and bladder; the limb was raised, bandaged, and fixed to aid venous return, and to render increased flow of blood for muscular action unnecessary; and the sac was compressed by an elastic roller, so as to contract the space to be filled by the clot as much as possible. At Dr. O'Ferrall's suggestion, the superficial femoral was stopped, so as to keep the sac full. Signoroni's clamp was then fixed over the common iliac artery for four and a half hours, when the tumour was found solid and pulseless, the common and external iliacs being still pervious. Absorption and complete cure followed.

CASE II. J. B., aged 35, healthy, was admitted into St. Vincent's Hospital, May, 1866, for left popliteal aneurism, which followed a strain a fortnight before, while getting down from his cab. The sac was as large as a turkey egg, and towards the biceps appeared diffuse. Digital and elastic instrumental pressure failing, stoppage as complete as could be achieved in a very restless patient was kept up for five hours, when the sac was found pulseless. Thirty-six hours afterwards, pulsation recommenced. After three other attempts, unsuccessful because chloroform was refused, the femoral at Scarpa's triangle was compressed, and the flow of blood out of the sac was impeded by tight bandaging and elevation of the leg, distal pressure on the popliteal not being possible. The patient was kept apathetic, not insensible, with chloroform, for nine and a half hours, when the sac was found hard and pulseless. At the compressed point, a superficial slough formed; but with this exception, the recovery was rapid and perfect.

In both cases bromide of potassium internally, and ice locally, gave aid by lowering the circulatory force. A good meat diet was given, to increase the plasticity of the blood; but drink was not restricted, for it is unphysiological to suppose that thus we can thicken that fluid. Fresh vegetable food augments the plasticity of the blood in scurvy, and may be reasonably allowed in the diet of a patient with aneurism.

Pain has been the great obstructive to partial compression; and complete pressure would be unendurable without chloroform.